AREA PLAN BUDGET SUMMARY - BUDGETED COSTS

TITLE III ADMIN AND TITLE III PROGRAMS

BUDGET PERIOD:					[]ORIGINAL []RE	VISION NO.:	CONTRACT NO.:		DATE:	PSA NO.:	
COST			(a) Area P	lan	(b) III B	(c) III C-1	(d) III C-2	(e) III D	(f) III E	(g) Tota	
CATEGORIES			Adm	in	Supportive Svcs	Congregate Nutr	Home Del Nutr	Disease Prev	Family Caregiver	Title	le III
		CASH									
1. Personnel	(+)	IN-KIND									
		CASH									
2. Staff Travel	(+)	IN-KIND									
0 0	(.)	CASH									
3. Staff Training	(+)	IN-KIND									
4. =========	(.)	CASH									
4. Equipment	(+)	IN-KIND									
		CASH									
5. Consultants	(+)	IN-KIND									
		CASH									
6. Food Costs	(+)	IN-KIND									
		CASH									
7. Other Costs	(+)	IN-KIND									
B. DIRECT AREA		CASH									
AGENCY COSTS	(=)	IN-KIND									
9. Indirect or Grantee		CASH									
Allocated Costs	(+)	IN-KIND									
10. TOTAL AREA		CASH									
AGENCY COSTS	(=)	IN-KIND									
1. Contracted	(-)	CASH									
Services Costs	(+)	IN-KIND	†								
20111000 00010	()										
12. TOTAL TITLE III		CASH									
соѕтѕ	(=)	IN-KIND									
13. TOTAL CASH & IN-	KIND										
	·	·		· · · · ·	AREA F	PLAN BUDGET APP	ROVAL	-	-	•	
						FOR STATE USE ONLY					
Fiscal Specialist Approva	al					Date	Fiscal Coach Verific	ation		Date	
						1	1			1	

AREA PLAN BUDGET SUMMARY - BUDGETED COSTS

TITLE III, TITLE VII, AND OTHER STATE FUNDED GRANTS (OSFG)

BUDGET PERIOD:			,	[]ORIGINAL []RE		CONTRACT NO.:	(0000)	DATE:	PSA NO.:
COST			(a) VII	(b) VII	(c) Total	(d) Total Title III	(e) Total	(f) Other State	(g) Total
CATEGORIES			Ombudsman	Elder Abuse Prev	Title VII	(Page 1 Col (g))	Title III & VII	Funded Grants	III, VII, & OSFG
0,1120011120		CASH	o mo a a a man	2.00.7.00001.01		(1 490 1 00. (9//		. unada Granto	,,
1. Personnel	(+)	IN-KIND							
	()	CASH							
2. Staff Travel	(+)	IN-KIND							
	. ,	CASH							
3. Staff Training	(+)	IN-KIND							
		CASH							
4. Equipment	(+)	IN-KIND							
	. ,	CASH							
5. Consultants	(+)	IN-KIND							
o. Concuranto	(')	CASH							
6. Food Costs	(+)	IN-KIND	-						
0.1000 0000	(·)	CASH							
7. Other Costs	(+)	IN-KIND							
7. Other 603t3	(')	IIV-KIIVD							
8. DIRECT AREA		CASH							
AGENCY COSTS	(-)	IN-KIND							
	(=)								
Indirect or Grantee		CASH							
Allocated Costs	(+)	IN-KIND							
10. TOTAL AREA		CASH							
AGENCY COSTS	(=)	IN-KIND							
11. Cost of Contracted	(-)	CASH							
	(1)								
Services	(+)	IN-KIND							
12. TOTAL AREA		CASH							
IZ. IVIAL ANLA		CAGII							
PLAN COSTS	(=)	IN-KIND							
13. TOTAL CASH & IN-		1							
IS. TOTAL GASTI & IN-	שווויו		1	1	1		1		

State of California

AREA PLAN BUDGET

AREA PLAN BUDGET SUMMARY - BUDGETED FUNDING

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TITLE III, VII, & OTHER STATE FUNDED GRANTS (OSFG)

Area Plan April			11116611	<u> </u>		JED GRANIS (USFG)		···-
FUNDING SOURCES	BUDGET PERIOD:		T/) 4 D/			CONTRACT NO.:	1()	DATE:	PSA NO.:
1. Program Income					(-)	` '			
2. NSIP	-		Admin	Supportive Svcs	Congregate Nutr	Home Del Nutr	Disease Prev	Family Caregiver	Title III
2.8									
A State Funds									
4. State Funds CASH	S .								
5. Matching									
Contributions IN-KIND									
C. Federal Funding Other	J								
7. Federal Funding Other									
R. TOTAL TITLE III									
FUNDING	7. Federal Funding Other	CASH							
9. TOTAL CASH & IN-KIND	8. TOTAL TITLE III	CASH							
SECTION B	FUNDING	IN-KIND							
FUNDING SOURCES	9. TOTAL CASH & IN-KIND								
10. Program Income	SECTION B		(h) VII	(i) VII	(j) Total	(k) Total Title III	(I) Total	(m) Other State	(n) Total
11. NSIP	FUNDING SOURCES		Ombudsman	Elder Abuse Prev	Title VII	(Page 3 Col (g))	Title III & VII	Funded Grants	III, VII, & OSFG
12. Non-Matching	10. Program Income	CASH							
Contributions IN-KIND	11. NSIP	CASH							
Contributions IN-KIND	12. Non-Matching	CASH							
13. State Funds	· ·	IN-KIND							
Contributions IN-KIND	13. State Funds								
Contributions IN-KIND	14. Matching	CASH							
15. Federal Funding Grandparent CASH									
16. Federal Funding Other CASH 17. TOTAL AREA PLAN FUNDING IN-KIND 18. TOTAL CASH & IN-KIND SECTION C MINIMUM MATCHING REQUIREMENTS (a) Area Plan Admin (b) Title III B, C, Programs (d) Total Min Matching 1. Costs to be Matched 2. Required Matching Percentages 25% 10.53% 25% 3. Minimum Required Match									
17. TOTAL AREA	16. Federal Funding Other	CASH							
N-KIND N		CVCH							
18. TOTAL CASH & IN-KIND SECTION C MINIMUM MATCHING REQUIREMENTS (a) Area Plan Admin (b) Title III B, C, & (c) Title III E Programs (Matching) 1. Costs to be Matched 2. Required Matching Percentages 25% 10.53% 25% 3. Minimum Required Match	17. TOTAL AREA	CASH							
MINIMUM MATCHING REQUIREMENTS (a) Area Plan Admin Admin (b) Title III B, C, (c) Title III E Programs (d) Total Min Matching 1. Costs to be Matched 2. Required Matching Percentages 25% 10.53% 25% 3. Minimum Required Match		IN-KIND							
MINIMUM MATCHING REQUIREMENTS (a) Area Plan Admin Admin B D Programs Programs Matching 1. Costs to be Matched 2. Required Matching Percentages 2. Required Match B D Programs									
(a) Area Plan Admin Admin B D Programs Programs Admin Costs to be Matched Required Matching Percentages Costs 10.53% Costs	SECTION C								
ITEM Admin & D Programs Programs Matching 1. Costs to be Matched 2. Required Matching Percentages 25% 10.53% 25% 3. Minimum Required Match	MINIMUM N	MATCHING	REQUIREMENTS						
1. Costs to be Matched 2. Required Matching Percentages 2. Minimum Required Match			(a) Area Plan	(b) Title III B, C,	(c) Title III E	(d) Total Min			
2. Required Matching Percentages 25% 10.53% 25% 3. Minimum Required Match	ITEM		Admin	& D Programs	Programs	Matching			
3. Minimum Required Match	Costs to be Matched								
3. Minimum Required Match	2. Required Matching Percentages		25%	10.53%	25%		1		
	3. Minimum Required Match								
	4. Required Local Public Agencie	es Matchin	g = Line 3 x 25%	•	•				

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MATCHING CONTRIBUTIONS, TRANSFERS, ADEQUATE PROPORTION, & IIIB ONE-TIME-ONLY

BUDGET PERIOD:		[] ORIGINAL	[] REVISION NO	:	CONTRACT NO.:	DATE:		PSA NO.:
SECTION A					SECTION D	•		•
AREA PLAN ADMINISTRATION								
MATCHING CONTRIBUTIONS					ADEQUATE PROPORTION CA	LCULATION FOR F	PRIORITY SER	VICES
Source		Cash	In-Kind	Total				
					ITEM			Amount
					1. Total Supportive Services	Federal Share		
					Page 8 Column (h)		(+)	
					2. Less III B Ombudsman Fed			
TOTAL					Page 8 Column (h) Direct an	d Contracted	(-)	
TOTAL					3. Less III B One-Time-Only			
SECTION B					Page 8 Column (h) Direct an		(-)	
LOCAL PUBLIC AGENCIES MATC					4. Equals III B Supportive Ser	vices		
(Local Public Agencies Must Contribute At L	east 25% of Total N				Base Allocation		(=)	
Source		Cash	In-Kind	Total	Priority Services	Federal	% of	Approved
					(Do not include OTO)	Share	Base*	Percentage [^]
					5. Information & Assistance			
					6. Case Management			
					7. Assisted Transportation			
					8. Transportation			
TOTAL					9. Outreach			
SECTION C					10. Total Access			
TRANSFER OF FUNDS (Do not in	clude OTO)				11. Personal Care			
	Current			New	12. Homemaker			
	Budget			Budget	13. Chore			
Federal Funds	Display	Increase	Decrease	Display	14. Visiting			
1. III B Admin					15. In-Home Respite			
2. III C-1 Admin					16. Alzheimer's Day Care			
3. III C-2 Admin					17. Minor Home Modification			
4. III B Ombudsman					18. Adult Day/Health Care			
5. III B Program					19. Total In-Home			
6. III C-1 Program					20. Legal Assistance			
7. III C-2 Program					* Total Federal Share Divided by	y III B Base (line 4)		
8. NSIP C-1 Congr Program					^ As Approved in the Area Plan			
9. NSIP C-2 Home Del Program					SECTION E			
State Funds			l l		III B ONE-TIME-ONLY ALLOCA	TIONS (List Progra	ms and Amoun	ts):
10. State Admin						(=:0:::09:0:		
11. State Program		1						
12. General Fund Reduction		†						
13. State B Ombudsman			 					
14. State VII Ombudsman		+	+					
15. State VII Elder Abuse Prev		+						
13. State VII Eluci Abuse Plev	l							

SECTION A				SECTION B			
AREA PLAN ADMINISTRATION				LOCAL PUBLIC AGENCIES MATCHING CONTRIE	BUTIONS		
MATCHING CONTRIBUTIONS				(Local Public Agencies Must Contribute At Least 25% of Total M	inimum Match)		
Source	Cash	In-Kind	Total	Source	Cash	In-Kind	Total

SCHEDULE OF PAID PERSONNEL COSTS

TITLE III PROGRAMS-ADMIN & DIRECT SERVICES

						IVI 3-/	ADMIN C		KECT SE		CES				
BUDGET PERIOD:		[]0	RIGINAL []	REV	SION NO.:			CON	TRACT NO.	:		DATI	Ξ:		PSA NO.:
POSITION	Annual				Direct		Direct		Direct		Direct		Direct		Total
CLASSIFICATION	Wage Rate	%	Admin	%	III B	%	III C-1	%	III C-2	%	III D	%	III E	%	Title III
		-		<u> </u>		<u> </u>		_						ļ	
		+												ļ	
		+				<u> </u>						1			
		+				<u> </u>						1			
		-		-				1				1			
		-		<u> </u>		<u> </u>		_						ļ	
	<u> </u>	+												ļ	
TOTAL CALABIES															
TOTAL SALARIES		+				<u> </u>						1			
PAYROLL TAXES		1													
EMPLOYEE		+						1				1		1	
BENEFITS		1													
TOTAL PAID		+		-		I		1				1		I —	
		1													
PERSONNEL COSTS															

SCHEDULE OF PAID PERSONNEL COSTS

TITLE VII & OTHER STATE FUNDED GRANTS (OSFG) DIRECT SERVICES

DUDGET DEDICE											LCI SLK				DOA NO
BUDGET PERIOD:		[]0	RIGINAL []	REV				CON	TRACT NO.	:		DAT			PSA NO.:
POSITION	Annual		Direct		Direct		Total		Total		Total		Direct		Total III,
CLASSIFICATION	Wage Rate	%	VII A	%	VII B	%	Title VII	%	Title III	%	III & VII	%	OSFG	%	VII, & OSFG
		-						!							
		-													
		1													
-															
				1											
	<u> </u>	+													
TOTAL SALARIES															
PAYROLL TAXES															
EMPLOYEE		1		1								1		1	
BENEFITS															
TOTAL PAID															
PERSONNEL COSTS															
				1	1	<u> </u>		<u> </u>	l	1		1	l	1	

SCHEDULE OF IN-KIND PERSONNEL COSTS

TITLE III, VII, & OTHER STATE FUNDED GRANTS (OSFG)

BUDGET PERIOD:		[]0	RIGINAL []	REV	SION NO.:			CON	TRACT NO.	:	<u> </u>	DATI	E:		PSA NO.:
POSITION	Annual				Direct		Direct		Direct		Direct		Direct		Total
CLASSIFICATION	Wage Rate	%	Admin	%	III B	%	III C-1	%	III C-2	%	III D	%	III E	%	Title III
	_											<u> </u>			
TOTAL SALARIES	.														
PAYROLL TAXES															
EMPLOYEE BENEFITS															
TOTAL IN-KIND PERSONNE	EL COSTS														
POSITION	Annual		Direct		Direct		Total		Total		Total		Direct		Total III
CLASSIFICATION	Wage Rate	%	VII A	%	VII B	%	Title VII	%	Title III	%	III & VII	%	OSFG	%	VII, & OSFG
		-		1											
-		-													
		-													
		1													
TOTAL SALARIES		1													
PAYROLL TAXES														l	
EMPLOYEE BENEFITS															

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SCHEDULE OF SUPPORTIVE SERVICES (III B)

		SCHE	DU	LE OF S	SUPPORTIV	/ES	ERVICE	:S (II	IB)		
BUDGET PERIOD:	[] ORIGINAL	[] REVISION NO.	.:		CONTRACT N	10.:		DAT	ΓE:		PSA NO.:
	(a) Total	(b)		Non-	Matching	(e)			M	atching	(h)
	Budgeted	Program		Cont	ributions		State		Cor	tributions	Federal
SERVICE CATEGORIES	Costs	Income	(c)	Cash	(d) In-Kind		Funds	(f)	Cash	(g) In-Kind	Share
PART I					DIRECT S	SERVI	CES				
Program Development											
Coordination											
TOTAL DIRECT III B SERVICES											
PART II					CONTRACTE	D SEE	NICES				
Personal Care (In-Home)*			1		CONTRACTE	DSER	VICES				
Homemaker (In-Home)*											
Chore (In-Home)*					-						
Adult Day/Health Care (In-Home)*											
Case Management (Access)*											
Assisted Transportation (Access)*											
Transportation (Access)*											
Legal Assistance*											
Information & Assistance (Access)*											
Outreach (Access)*											
Other Services:		1	1							I	
a. Housing											
b. Alzheimer's Day Care (In-Home)*											
c. Security/Crime											
d. Health											
e. Mental Health											
f. Comm Svcs/Senior Center Mgt											
g. Employment											
h. Consumer											
i. Visiting (In-Home)*											
j. In-Home Respite (In-Home)*											
k. Minor Modification (In-Home)*											
l.											
Ombudsman											
TOTAL CONTRACTED III B SERVICES											
TOTAL III B SUPPORTIVE SERVICES											

^{*-}Denotes Priority Services Category

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SCHEDULE OF NUTRITION (III C-1 & III C-2) & **DISEASE PREVENTION (III D) PROGRAMS**

BUDGET PERIOD:		[] ORIGINAL [] REVISION NO.		CONTRACT N		DATE:		PSA NO.:
	(a) Total	(b)	(c)	Non	-Matching	(f)	IV	latching	(i)
	Budgeted	Program		Con	tributions	State		ntributions	Federa
PROGRAMS	Costs	Income	NSIP	(d) Cash	(e) In-Kind	Funds	(g) Cash	(h) In-Kind	Share
III C-1									
Congregate Meals									
Nutrition Counseling									
Nutrition Education									
Total III C-1									
III C-2		_	Т		1		_		1
Home Delivered Meals									
Nutrition Counseling									
Nutrition Education									
Tatal III C 2									
Total III C-2				<u> </u>					
III D									
Nutrition Counseling									
Nutrition Education									
Disease Prev & Health Promotion									
Medication Management									
Total III D									
· • • • • • • • • • • • • • • • • • • •		1	I	L					

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SCHEDULE OF DIRECT CAREGIVER SUPPORT SERVICES (III E)

BUDGET PERIOD:		[]ORIGINAL [] REVISION N	O.:	CONTRACT N	IO.:	DATE:	PSA NO.:
	(a) Total	(b)	No	on-Matching	(e)		Matching	(h)
	Budgeted	Program	C	ontributions	State	Co	ontributions	Federal
SERVICE CATEGORIES	Costs	Income	(c) Cash	(d) In-Kind	Funds	(f) Cash	(g) In-Kind	Share
Outreach							I	
Community Education								
Total Service Information								
Information & Assistance								
Comprehensive Assessment								
Case Management								
Transportation		1						
Assisted Transportation								
Total III E Access								
Counseling								
Caregiver Support Group								
Caregiver Training								
Total Caregiver Support								
III E Respite Care Services								
Minor Home Modification		1	1					
Placement								
Homemaker		1						
Chore								
Home Security and Safety		+						
Visiting		1						
Assistive Devices								
Home Delivered Meals		1						
Legal Assistance								
Other:*								
Other:*								
Total Supplemental Services								
TOTAL III E								
DIRECT SERVICES								

^{* -} Requires Prior Approval From CDA

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SCHEDULE OF CONTRACTED CAREGIVER SUPPORT SERVICES (III E)

BUDGET PERIOD:		[] ORIGINAL	[1REVISIO	N NO.:	CONTRACT N	IO.:	DATE:	PSA NO.:
	(a) Total	(b)	1	Non-Matching	(e)		Matching	(h)
	Budgeted	Program		Contributions	State	Co	ontributions	Federal
SERVICE CATEGORIES	Costs	Income	(c) Ca	sh (d) In-Kind	Funds	(f) Cash	(g) In-Kind	Share
Outreach		1						
Community Education								
Total Service Information								
Information & Assistance			1					
Comprehensive Assessment								
Case Management								
Transportation								
Assisted Transportation								
Total III E Access								
10tal III 2 7100000								
Counseling								
Caregiver Support Group								
Caregiver Training								
Total Caregiver Support								
	•	•		•	•	•	•	•
III E Respite Care Services								
		<u> </u>					<u> </u>	
Minor Home Modification								
Placement								
Homemaker								
Chore								
Home Security and Safety								
Visiting								
Assistive Devices								
Home Delivered Meals								
Legal Assistance								
Other:*								
Other:*								
Total Supplemental Services								
TOTAL III E CONTRACTED SERVICES								
TOTAL III E DIRECT & CONTRACTED SERVICES								

^{* -} Requires Prior Approval From CDA

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SCHEDULE OF CAREGIVER SUPPORT SERVICES (III E) CONTRACTORS

BUDGET PERIOD:		[] ORIGINAL []		 	CONTRACT N		DATE:		PSA NO.:
			(b)		Non-Matching		Matching		(h)
SERVICE PROVIDER		Total		Con	tributions	(e)	Cor	ntributions	
	Service	Budgeted	Program	(c)	(d)	State	(f)	(g)	Federal
CONTRACT NUMBER	Provided	Costs	Income	Cash	In-Kind	Funds	Cash	In-Kind	Share
	1								
	1								
	_								
	-								
	-								
	1								
	1								
	-								
	1								
	•								
TOTAL III E CONTRACTED SER									

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SCHEDULE OF OTHER STATE FUNDED GRANTS (OSFG)

DUDOET DEDICE	Transmin r	DEL ((0) 0) 1 1 1 0		LOCKED AGENTS	<u> </u>	D. 4. T. C	Inchilo	
BUDGET PERIOD:	[]ORIGINAL []			CONTRACT NO		DATE:	PSA NO.:	
	(a) Total	, ,		on-Matching	(e)	Matching		
	Budgeted	Program	С	ontributions	State		Contributions	
PROGRAMS	Costs	Income	(c) Cash	(d) In-Kind	Funds	(f) Cash	(g) In-Kind	
PART I			DIRECT	SERVICES				
Case Management (Linkages)								
Visiting Program (Senior Companion)								
Surplus & Donated Food (Brown Bag) Program								
Respite Purchase of Service (RPOS)								
Specialized Day Care Service (ADCRC)								
Total Direct Services								
PART II			CONTRAC	TED SERVICES				
Case Management (Linkages)								
Visiting Program (Senior Companion)								
Surplus & Donated Food (Brown Bag) Program								
Respite Purchase of Service (RPOS)								
Specialized Day Care Service (ADCRC)								
Total Contracted Services								
Total Direct & Contracted								
Other State Funded Grants								

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Department of Aging

OTHER PROGRAMS ADMINISTERED BY THE AREA AGENCY

(OPTIONAL)

BUDGET PERIOD:		[] ORIGINAL [] REVISION NO.:		CONTRACT NO.:		DATE:		PSA NO.:	
Funding Source		(a) Title III	(b) Title VII	(c) Other State Funded Grants	(d)	(e)	(f)	(g)	(h)
Local Funds	CASH								
Local Funds	IN-KIND								
State Funds	CASH								
Federal Funds	CASH								
Total Funds									
Funding Source									
	CASH								
Source	CASH IN-KIND								
Source Local Funds									
Source Local Funds Local Funds	IN-KIND								